

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Biron, Lisa A.</u>	<u>12775-049</u>	<u>D</u>	<u>FCI Waseca</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

On 10/23/2019, D. Hiller wrote an incident report against Ms. Biron for unauthorized contact with the public (prohibited act code 327) for calling her twenty-one (21) year old daughter R█████ B█████. There are no court orders barring their contact.

On 10/22/2019, through a third party, R█████ B█████ requested contact with Ms. Biron and provided her phone number. Ms. Biron entered her daughter's name and phone number in the TRULINGS computer system and identified R█████ B█████ under the category "children." Ms. Biron waited for the phone number to be approved (see exhibit 1, approved contacts list), and at 5:50:08 p.m dialed the FBOP-approved phone number. R█████ B█████ answered the phone, listened to the FBOP recorded greeting which identified Ms. Biron as the caller, gave options for rejecting and accepting the call, and pressed "5" to accept the call. Ms. Biron and her daughter talked for the full 15 minutes allowed per call.

Clearly, the contact was not unauthorized, and Waseca staff's actions violate the Constitution. But Ms. Biron will agree not to sue everyone involved in writing, serving, and adjudicating the present incident report, and everyone who has attempted to interfere with her and her daughter's communication, if the incident report is expunged immediately and her commissary privileges restored.

November 5, 2019

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

See Attached Response

WARDEN OR REGIONAL DIRECTOR

DATE

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 99L0335-F1

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Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

EXHIBIT

SUBJECT: _____

D

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)